

MULTIPLE DEPARTMENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FCO ETO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

522997

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2	C	C				
3	I					
4	I					
5	I					
6	I					
7	I					
8	I					
9	I					
10	I					
11	I					
12	I					
13	C	C				
14	I					
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50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	5	↔		↔		↔
TOTAL CLAIMS	13	[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.						
TOTAL IND.		↔			↔	
TOTAL DEP.						
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]